

EXHIBIT 4

Advanced Practice Registered Nurses, Anesthesiologist Assistants,
and Physician Assistants

MEDICARE LEARNING NETWORK (Oct. 2016)

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Medicare-Information-for-APRNs-AAs-PAs-Booklet-ICN-901623.pdf>

Pages 1, 22-25

**UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF TEXAS
MARSHALL DIVISION**

UNITED STATES OF AMERICA, *ex rel*, et al
Caleb Hernandez and Jason Whaley, Relators,

Plaintiffs

vs.

TEAM HEALTH HOLDINGS, INC., et al

Defendants.

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No. 2:16-cv-00432-JRG

AFFIDAVIT OF TARISA DEAN

I, Tarisa Dean, hereby declare and state as follows:

1. I am a paralegal with the law firm of Nix Patterson, LLP.
2. Attached as Exhibit 4 is a true and correct copy of a document titled “Advanced Practice Registered Nurses Anesthesiologist Assistants, and Physician Assistants” published by the Centers for Medicare and Medicaid Services (“CMS”). This document was obtained from the CMS website at (<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Medicare-Information-for-APRNs-AAs-PAs-Booklet-ICN-901623.pdf>).

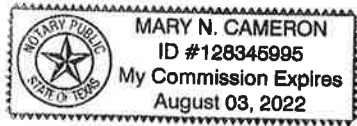
I hereby declare, under penalty of perjury, that the foregoing is true and correct to the best of my knowledge and belief.

Executed on January 31, 2019.


Tarisa Dean

State of Texas §
County of Travis §

SWORN AND SUBSCRIBED TO before me, a Notary Public, by Tarisa Dean on
January 31, 2019.





Notary Public



ADVANCED PRACTICE REGISTERED NURSES, ANESTHESIOLOGIST ASSISTANTS, AND PHYSICIAN ASSISTANTS

ICN 901623 October 2016

Please note: The information in this publication applies only to the Medicare Fee-For-Service Program (also known as Original Medicare).

Table 2. Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.

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Physician Assistants (PAs)

When “you” is used in these charts, we are referring to PAs.

Required Qualifications for PAs

- ❖ You must:
 - Be licensed by the State to practice as a PA and meet one of these criteria:
 - Have graduated from a PA educational program accredited by the Accreditation Review Commission on Education for the Physician Assistant (its predecessor agencies, the Commission on Accreditation of Allied Health Education Programs, and the Committee on Allied Health Education and Accreditation) or
 - Have passed the national certification examination administered by the National Commission on Certification of Physician Assistants

Coverage Criteria for PAs

❖ These coverage criteria apply:

- You are legally authorized and qualified to furnish the services in the State where you perform such services
- Services are not otherwise precluded due to a statutory exclusion, and the services must be reasonable and necessary^[1]
- Services are the type considered physician's services if furnished by a medical doctor or a doctor of osteopathy
- Services are performed by an individual who meets all PA qualifications
- Services are performed under the general supervision of a medical doctor or a doctor of osteopathy
- The physician supervisor or designee need not be physically present when a service is being furnished and can be contacted by telephone unless State law or regulations require otherwise
- Assistant-at-surgery services furnished by a PA may be covered
- Incident to services and supplies may be covered^[5]

[1] Services must meet specific medical necessity requirements contained in the statute, regulations, and manuals and specific medical necessity criteria defined by National Coverage Determinations and Local Coverage Determinations (if any exist for the service you are reporting). For every service billed, you must indicate the specific sign, symptom, or patient complaint that makes the service reasonable and necessary.

[5] Physicians, NPs, CNMs, CNSs, and PAs may have services and supplies furnished incident to their professional service. NPs, CNMs, CNSs, and PAs may enroll in and obtain payment from Medicare for incident to services they furnish and for services that other NPPs furnish incident to their own professional services. To be covered and paid under the Incident to Provision, the services and supplies must be furnished in compliance with State law and all of these requirements must be met:

- Services and supplies must be an integral part of the patient's normal course of treatment during which the physician or other listed practitioner has personally performed an initial service and remains actively involved in the course of treatment.
- Services and supplies are commonly furnished without charge or included in the physician's or other listed practitioner's bill.
- Services and supplies are an expense to the physician or other listed practitioner.
- Services and supplies are commonly furnished in the physician's or other listed practitioner's office or clinic.
- Services and supplies must be furnished in accordance with applicable State law.
- The physician or other listed practitioner provides direct supervision for incident to services, and only the physician or other listed practitioner who directly supervises the incident to services may bill for such services.
- For services and supplies furnished incident to Transitional Care Management (TCM) and Chronic Care Management (CCM) services by clinical staff, general supervision is required by the physician or other listed practitioner. However, only the supervising physician or other listed practitioner may bill Medicare for services and supplies furnished incident to TCM and CCM services.

Billing Guidelines for PAs

- ❖ These billing guidelines apply when billing the Medicare program for PA services:
 - Your W-2 employer or 1099 independent contractor must bill under your National Provider Identifier (NPI)
 - You cannot reassign payment for your services; therefore, your employer or contractor cannot bill for reassigned services
 - A supervising physician must bill under his or her NPI for services you furnish incident to the physician's professional services
 - Your employer or contractor must bill under your NPI for services furnished incident to your professional services

Payment Guidelines for PAs

- ❖ These payment guidelines apply:
 - Payment is made only on assignment basis^[3]
 - Payment may be made only to his or her:
 - Qualified employer who is eligible to enroll in the Medicare Program under existing provider/supplier categories
 - Contractor
 - Services are paid at 85% of the amount a physician is paid under the Medicare Physician Fee Schedule (PFS)
 - Payment is made to the PA's employer or contractor for assistant-at-surgery services at 85% of the amount a physician is paid under the Medicare PFS for assistant-at-surgery services
 - Payment for services furnished incident to the services of a PA in a setting outside of a hospital is made to the employer or contractor of a PA at 85% of the amount a physician is paid under the Medicare PFS

[3] Assignment means that the provider or supplier:

- Will be paid the Medicare-allowed amount as payment in full for his or her services.
- May not bill or collect from the patient any amount other than unmet copayments, deductibles, and/or coinsurance.